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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/352,161 07/12/1999 PAT 6,911,026 **AB**

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 04/25/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 14	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Adam Brandt</i> Examiner's Signature	<i>AB</i> Initials			

ADDRESS

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TITLE

Magnetically guided atherectomy

FILING FEE RECEIVED 594	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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